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Items of Interest:

Capt. David E. Price received the American Pharmacists Association (APhA) Distinguished Federal Pharmacist Award. The award will be presented to Price during the APhA Annual Meeting and Exposition in Atlanta, Mar. 16—19. This award is the Association's premier award recognizing a pharmacist who has distinguished him/herself and the profession through outstanding contribution in federal pharmacy practice that has resulted in a significant improvement in the health of the nation and the community he/she serves. Price is a Navy Specialty Leader and Pharmacy Consultant to the Navy Surgeon General, Vice Adm. Donald Arthur, MC.

Navy and Marine Corps Medical News

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Mobile Surgical Unit Exercises Muscles, Proves Capable

By Lance Cpl. Geoffrey P. Ingersoll,
1st Marine Logistics Group

CAMP TAQADDUM, Iraq - Camp Taqaddum (TQ) Surgical's Forward Resuscitative Surgical System, or FRSS, "provides close support of coalition forces involved in combat," said Cmdr. Scott R. Reichard, TQ Surgical medical directorate.

This modern-day M.A.S.H.'s Mobile Army Surgical Hospital mission is to "allow front-line troops to have immediate access to a surgical capability that they never had in any previous war or conflict," said Reichard.

The team brings general surgeons, anesthesiologists, operating room technicians, nurses and corpsmen to the fight, and is equipped with the latest life-saving

technology. And they follow assaulting units every step of the way.

At least two surgical units set up behind the main sort of action, said Lt. Marko J. Radakovic, a flight/shock-trauma-platoon nurse from Los Angeles. The two then 'leapfrog' over each other as the front line advances. When one group packs up to move forward, the other group takes all of the casualties.

"We have to be prepared to stay awake for twenty-four hours or more," said Radakovic.

The commander of each mobile surgical team hand-selects every member of the unit. Service members must be motivated, have high technical skills, and excellent communication, said Reichard.

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PERSIAN GULF - Fleet Surgical Team 5 performs laparoscopic surgery aboard the amphibious assault ship USS Boxer (LHD 4) Jan. 18. U.S. Navy photo by Mass Communication Specialist Seaman Paul Polach

BUMED Names Religious Programs Specialist Sailor of the Year

By Bureau of Medicine and Surgery
Public Affairs

WASHINGTON – Religious Programs Specialist (RP) 1st Class (SW/AW) Sharon Hay was named Jan. 18 as the Bureau of Medicine and Surgery (BUMED) 2006 Sailor of the Year.

"I am highly honored, especially as a Religious Programs Specialist, to be named BUMED Sailor of the Year for 2006," said Hay. "This is a tremendous honor."

As a staff member of the command's Office of Pastoral Care, Hay states that a service member's spiritual well being is just as important as her or his physical well being.

"Many people see military medicine being composed of three parts: medical, dental and pastoral care," she said. "Though pastoral care may not be the first thing that comes to mind when talking about military medicine, pastoral care is a very important element in a person's physical, mental and overall health care."

"The spiritual component of life

is critical to the health care, healing and well-being of all of our military members, their families, and our veterans," Hay added.

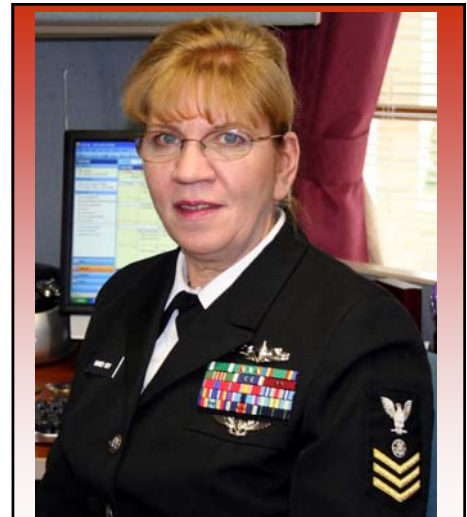
After starting her Naval 14 and a half years ago as a Yeoman and then transitioning to RP, Hay said that serving the Navy as an RP has been both rewarding and fulfilling.

"I really enjoy helping people on this very personal level. I have always been very motivated to give of myself whenever I can for the betterment of my fellow Sailors and Marines," she said.

Among Hay's future goals she would like to add to her long list of achievements is being promoted to Chief. "Becoming a Chief RP would be the highlight of my career. I am continuously working toward my goal of becoming a Chief Petty Officer of the Navy," she said.

For those Sailors striving to be the best, Hay stresses the need to stay motivated and preserve in times of adversity.

"Education is very important, not just for your career, but to aid in the growth of you as a person as



Bureau of Medicine and Surgery file photo.

well. If there is an opportunity for education and training, take it," she said. "Set goals for yourself and strive for excellence in whatever you do."

Hay added, "There will always be distractions and obstacles, but if you keep yourself focused on your goals, there is a very good chance you will achieve and succeed."

NEHC is Set to Launch "Crews Into Shape" Program

By Hugh Cox, Navy Environmental
Health Center Portsmouth Public
Affairs

PORTSMOUTH, Va. - The 7th Annual "Crews Into Shape" challenge, sponsored by the Navy Environmental Health Center (NEHC), kicks off DoD-wide on March 4th and runs through March 31, 2007. The program is designed to foster a culture of fitness Navy and Marine Corps wide.

The goal of Crews Into Shape is

to spark and guide workplace-focused, team-oriented, physical activity and improved nutrition (fruit and vegetable intake and fluid intake) among active duty Sailors and Marines, civilian workers and family members. "Crews Into Shape" positively affects health-related behavior," said Bob MacDonald, Crews Into Shape Program Coordinator and Health Educator with NEHC.

In 2006, 3254 Sailors, Marines, Airmen, Soldiers, family members, DoD civilians and DoDDS teachers registered. Of the 860 participants who completed the post-challenge questionnaire, 59% said they met their weight loss or weight gain goal, and an overwhelming majority agreed or strongly agreed that the Crews challenge helped them improve their daily habits regarding

exercise (78%), fruit and vegetable intake (89%), and water intake (86%).

MacDonald "manages" the program for NEHC, which includes disseminating information necessary for the success of the "Crews" program. The post-challenge questionnaire, as well as the forms necessary for participating in the challenge, are web-based. Crew leaders receive frequent "Crews Notes" during the campaign to encourage team members. Crew names and locations are posted on the web where visitors to the website are also invited to vote online for the "Crewsineast 2007 Crew" name.

For more information on the 2007 challenge, visit the Navy Environmental Health Center Crew Into Shape website at <http://www.nehc.navy.mil/hp/>



NH Bremerton Family Medicine Residency Program Receives Top Marks

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs

**NAVALHOSPITAL BREMER-
TON, Wa.** - The highly-accredited and highly-rated Naval Hospital Bremerton (NHB) and the Puget Sound Family Medicine Residency program helps handle the medical and healthcare needs of approximately 60,000 active duty service members, and eligible beneficiaries, as well as provide top-notch and highly-sought Graduate Medical Education (GME) for Family Practice Interns and Residents.

"We're affiliated with the WWAMI (Washington, Wyoming, Alaska, Montana, Idaho) Family Medicine Residency Network," explained Capt. Ron Dommermuth, MC, Program Director and Department Head, Puget Sound Family Medicine Residency. "WWAMI is the number one Residency training net-

work as decided by *US News and World Report* ranking of training programs."

There are four other Family Practice hospitals under the umbrella of Navy Medicine located at Camp Lejeune, N.C.; Camp Pendleton, Calif.; Jacksonville and Pensacola Fla. NHB is the most incoming family physicians-to-be pick as their top choice.

"We have the highest rate of students select us as their preferred place of training over the past three years among all five Navy training programs," said Dommermuth. "Residency program members have a lot of personal drive. For example, the second year class here had five of six members score 96 on a recent exam, placing in the top five percent in the land. Plus, the get great backing from everyone in the chain of command."

According to Dommermuth,

each year there are about six Medical Corps officers who complete the 3-year residency program, which leads to board certification. The focus is on rural medicine, with clinically-strong skills, and training that involves all of the major medical disciplines.

"Our overall goal is to produce the best family physicians we can who are capable of handling all the needs of Navy families and contribute to our Navy mission anywhere in the world," said Dommermuth.

"I came here because of the great reputation of the program," said Lt. Mike McCord, former Navy enlisted petty officer and current Navy Medical Resident in the GME program. "I have felt like part of the overall team since day one. I'm not just a student but a contributing member of the medical staff helping to improve the health of our patients."

Mobile Surgical Unit continued...

(Continued from page 1)

"We hope to get Field Medical Service School (FMSS) or Fleet Marine Force Corpsmen for the team," said Radakovic, "Sailors who know a lot more about Marines so that they can help better on the front."

"We're right there on the frontlines for whoever is trying to punch through a conflict... so the stuff you are going to see ... you want to know what you are doing before you get out there," said Hospital Corpsman Alvaro Carrillo, who has completed the FMSS.

Alvaro added that corpsmen have to be ready to act as nurses, and nurses as doctors, if the situation demands it.

"If our convoy hits an improvised explosive device, we may be minus a quarter of our members, we still need to move forward and complete our mission, so we need determined individuals," said Radakovic.

"If I can't do my job, the corpsmen step up and do it," added Radakovic.

Though they have yet to deploy the unit this year, the corpsmen and doctors at TQ Surgical practice their mobile surgical capabilities every week. A few sailors said the practice has improved their speed and the bond between team members.

"We have to get out there and be set up within forty-five minutes to an hour, and be ready to take patients and do full blown surgery within an hour," said Carrillo.

Carrillo said that everybody works to unload equip-



CAMP TAQADDUM, Iraq - Lt. Ron F. Sanders, a nurse with Taqaddum Surgical's Forward Resuscitative Surgical System, evaluates an incoming 'patient' during a mass casualty drill Jan. 22. *U.S. Marine Corps photo by Lance Cpl. Geoffrey P. Ingersoll*

ment and raise the large operating-room tents, regardless of rank.

Elliptical Machine, Stationary Bike Become PRT Cardio Options

By Lt. Scott Mowery, Naval Personnel Command Public Affairs

MILLINGTON, Tenn. - The Navy's culture of fitness program is introducing new ways for Sailors to complete the cardiovascular portion of the Physical Readiness Test (PRT). NAVADMIN 11/07 spells out the details for commanding officers use of elliptical trainers and stationary bikes as options to running the PRT.

When commanders approve the options, Sailors who do not wish to run are offered other ways to complete the cardio standard. Any medical issues, however, need close attention. According to the NAVADMIN, Sailors who are medically waived from the 1.5 mile run cannot be required to test using the stationary cycle, elliptical, swim or treadmill options. Sailors and command fitness leaders (CFL) must ensure any medical waiver states which cardio options are cleared.

The elliptical and cycle tests are both 12-minute fixed-timed tests with a direct correlation to the 1.5 mile run. The goal is to burn as

many calories as possible.

Once the user obtains their caloric output from the elliptical or stationary bike, they can input these results into a calculator located on the PRT website:

www.npc.navy.mil/CommandSupport/PhysicalReadiness/. This calculates a run time that can be compared to the 1.5 mile run section of the PRT instruction.

"We are trying to encourage the culture of fitness concept by giving Sailors the option to test like they train. These new options, when allowed by the command, give Sailors the chance to work out on a regular basis on equipment they can use to complete the run portion of the PRT," said Lt. Cmdr. Lisa Finlayson, the Navy's program manager for physiology and fitness.

The culture of fitness encourages Sailors to exercise more frequently and get rid of the "three mile club," those Sailors who only exercise when the PRT comes around. "This also helps deployed commands complete their PRT on

time and gives deployed Sailors more options to stay in shape," said Finlayson.

If using these options for the PRT, command fitness leaders (CFL) must ensure Sailors train on the machine and know the safety, setup/start/stop, and testing procedures for that machine prior to testing day.

"These options are challenging events," according to the NAVADMIN, so Sailors need to know their performance capabilities before taking the test.

CFLs must obtain authorization from their commanding officer to use the elliptical and stationary bike for a PRT. CFLs and Sailors should read NAVADMIN 11/07 at **www.npc.navy.mil** (messages section) to get a list of the correct model numbers of authorized machines that are required to take the test.

For more physical fitness information, go to **<http://www.npc.navy.mil/CommandSupport/PhysicalReadiness/>**.



YOKOSUKA, Japan – General dentist Lt. Brian Rounds and Hospital Corpsman Manouchka Eugene perform a routine cleaning at Fleet Dental on Commander Fleet Activities Yokosuka Jan. 22. *U.S. Navy photo by Mass Communication Specialist Seaman Kari R. Bergman*



NAPLES, Italy - Col. David Schall European Command (EUCOM) Surgeon General hosted a quarterly Component Surgeons conference at the Navy Europe (NAVEUR) Surgeon's headquarters in Jan. 18. The conference brought together the senior medical advisors in the European theater (l-r: Col. Mark Ediger, USAFE Surgeon General; Col. Cornelius Maher, USAEUR Deputy Surgeon General; Col. David Schall, EUCOM Surgeon General; Capt. Alton Stocks, CNE-Force Surgeon). *U.S. Navy photo by Mass Communications Specialist 1st Class (AW) Nathan L. Guimont*

First 'Natural Occurrence' Quads Born

**By Mass Communication Specialist
1st Class AnTuan Guerry, National
Naval Medical Center Public Affairs**

BETHESDA - Doctors from the National Naval Medical Center delivered the hospital's first "natural occurrence" quadruplets when Michelle Gessler gave birth via Caesarean section Jan. 16 at 7:29 a.m.

Gessler's doctor and the Director of Maternal-Fetal medicine Lt. Cmdr. Rita Driggers said this is Bethesda's third quadruplet delivery, but the first set born without the use of fertility drugs.

"The procedure went very well.

It was uncomplicated and it went even better than we thought it would," Driggers said. "Mom, babies – and Dad – are all doing well. Every last one of the babies came out and cried. That was very reassuring."

The procedure lasted approximately one hour and 15 minutes Driggers said. It took warmers from two separate operating rooms and about 25 staff members, including doctors, nurses and Navy corpsmen, to complete the delivery, she added.

The babies, born boy, girl, girl, and boy, were delivered over a five-minute period. Their weights range from 2.3 to 3.4 pounds and lengths from 37 to 41.5 cm. Driggers said standard operating procedures call for premature, high-risk births to be under the hospital's care for a period of time after birth. She said the Gessler babies will remain in the hospital's neo-natal care unit for the next five weeks.

Gessler, wife of Lt. Cmdr. George Gessler, Jr., delivered the couple's first children at 30 weeks and 4 days, or about two weeks longer than a typical quadruplet

delivery, according to Driggers. Gessler, Jr., is an executive assistant in the Navy's Strategy and Policies department at the Pentagon.

Driggers said the child's respiratory system is a major concern with premature births. She said the babies were given surfactant, a protein substance administered through tubes used to reduce the surface tension in the lungs, preventing them from collapsing.

Gessler, Jr., said he was shocked – and experienced "a little bit of disbelief" – to learn that his wife was pregnant with quadruplets.

"Doctors discovered my wife was carrying quadruplets during a routine check-up for an 11-week sonogram," he said.

The couple said they "have no plans in the near future" for any more children, but are not ruling out the possibility.

"My wife and I have not said that we won't have any more children," Gessler, Jr., said. "But, we need to start figuring out how we'll take care of these babies first."



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